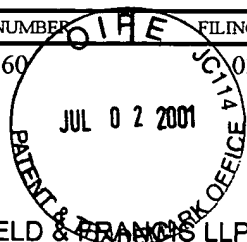




# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/817,360	03/20/2001	Michael S. German	UCSF-129CIP



Carol L. Francis  
BOZICEVIC, FIELD & FRANCIS LLP  
200 Middlefield Road, Suite 200  
Menlo Park, CA 94025

CONFIRMATION NO. 2345

## FORMALITIES LETTER



\*OC00000006107606\*

Date Mailed: 05/23/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

### Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 355 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$143.
  - \$63 for 7 total claims over 20.
  - \$80 for 2 independent claims over 3.
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 563.

*A copy of this notice MUST be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

07/06/2001 AZERCAV1 00000114 500815 09817360  
01 FC:201 355.00 CH  
02 FC:203 63.00 CH  
03 FC:202 80.00 CH  
04 FC:205 65.00 CH

# CERTIFICATE OF MAILING

Sector #

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print Type) Wilhelm A. Palmen Jr. Signature *Wilhelm A. Palmen Jr.* Date 06-26-2001

## Combined Transmittal and Fee Calculation Sheet

☒ Small Entity

☐ Large Entity

Application Number 09/817,360  
 Confirmation Number 2345  
 Filing Date March 20, 2001  
 First Named Inventor German  
 Examiner Unassigned  
 Group Art 1635  
 Attorney Docket No. UCSF129CIP

### ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

No. of claims as filed or after amendment

Most claims previously paid for

# Extra Claims

Rate

Totals

Total	27	20	7	9	\$ 63.00
Independent	5	3	2	40	\$ 80.00
Multiple					
Total Extra Claim Fees					\$ 143.00

☐ Extension of time from \_\_\_\_\_ to \_\_\_\_\_ Fee \_\_\_\_\_

☒ Response to File Missing Parts (with copy of formalities letter)

☒ Filing Fee

Fee \$355.00

☒ Executed Declaration

Pages 2

Surcharge Fee \$65.00

☐ Other

Fee \_\_\_\_\_

Fee \_\_\_\_\_

Fee \_\_\_\_\_

Fee \_\_\_\_\_

Subtotal \$420.00

☒ Information Disclosure Statement

☒ PTO Form 1449

Pages 2

☒ 22 Copies of Cited References

☐ Other

Fee \_\_\_\_\_

Subtotal \$0.00

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing

Pages \_\_\_\_\_

☐ Diskette in computer-readable format

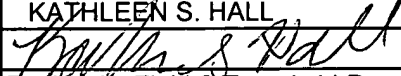
☐ Other

Fee \_\_\_\_\_

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee _____
Subtotal		\$ -
<input type="checkbox"/> Issue Fee PTO 85B		Fee
<input type="checkbox"/> Advance copies _____		Fee
<input type="checkbox"/> Submission of Formal Drawings Transmittal with _____ sheets enclosed		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$563.00

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

Name (Print/Type)	KATHLEEN S. HALL		Registration No.	44,143	
Signature			Date	06-26-2001	
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Telephone - Direct Dial	650-833-7773	Facsimile	650-327-3231		

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